

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Title:: 4"-SUBSTITUTED-9-DEOXO-9A-AZA-9A-  
HOMOERYTHROMYCIN A DERIVATIVES  
Attorney Docket Number:: **PC9576D**

**Inventor Information**

Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Brian Scott  
Family Name:: Bronk  
City of Residence:: Gales Ferry  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 66 Partridge Hollow Road  
City:: Gales Ferry  
State or Province:: CT  
Postal or Zip Code:: 06335  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Michael Anthony  
Family Name:: Letavic  
City of Residence:: Mystic  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 334 High Street  
City:: Mystic  
State or Province:: CT  
Postal or Zip Code:: 06355  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Takushi  
Family Name:: Kaneko  
City of Residence:: Guilford  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 398 Northwood Drive  
City:: Guilford

**EXPRESS MAIL NO. EV271824139 US**

State or Province:: CT  
Postal or Zip Code:: 06437  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Bingwei  
Family Name:: Vera  
City of Residence:: Waterford  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 27 Lincoln Road  
City:: Waterford  
State or Province:: CT  
Postal or Zip Code:: 06385  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Edward Alan  
Family Name:: Glazier  
City of Residence:: Waterford  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 310 Boston Post Road, Unit 77  
City:: Waterford  
State or Province:: CT  
Postal or Zip Code:: 06385  
Inventor Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Given Name:: Hengmiao  
Family Name:: Cheng  
City of Residence:: East Lyme  
State or Prov of Residence:: CT  
Country of Residence:: US  
Street:: 39 Mayfield Terrace  
City:: East Lyme  
State or Province:: CT  
Postal or Zip Code:: 06333

**Correspondence Information**

Correspondence Customer Number:: 28523

**Representative Information**

Representative Customer Number:: 28523

**Assignee Information**

Assignee Name:: Pfizer Inc

**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This application	Continuation	10/273,879	10/18/02
10/273,879	Continuation of	09/989,936	11/21/01
09/989,936	Continuation of	09/424,104	11/18/99
09/424,104	National Stage of	PCT/IB98/00839	05/29/98
PCT/IB98/00839	Non. Prov. of Provisional	60/049,348	06/11/97